

<b>Session: 2111</b> <b>Track Code: CA</b>	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<b>SOCIAL SECURITY NUMBER</b>
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	<b>MPC STUDENT'S ID NUMBER</b>

## 2011—2012 Consortium Agreement

Please Print Clearly.

Last Name	First Name	MI	Other Names Used at MPC (Last, First, MI)

Consortium Agreement between Monterey Peninsula College and \_\_\_\_\_  
 (Home Institution) (Host Institution)

In the matter of Financial Aid, the student named authorizes to comply with the following terms of the agreement for the period \_\_\_\_\_ through \_\_\_\_\_ .

1. MPC considers the above named student as a regular student in the \_\_\_\_\_ program and will, upon the student's request, confer a degree or certificate upon successful completion of the program.
2. MPC is considered the Home Institution for all Federal, Title IV financial aid matters although the student will be taking certain approved courses at the Host Institution named above.
3. The Host Institution will furnish MPC with confirmation of the student's enrollment, the student's educational costs, notification of any financial assistance awarded through the Hosts Institution, withdrawals, grades, and other information related to academic progress.
4. The following courses at the Host Institution have been approved for transfer to the student's program at MPC. The student must be enrolled in a minimum of 6 units at the Home Institute to be eligible for financial aid consideration.  
*(ONLY COURSES THAT ARE LOWER DIVISION COURSES WILL BE ACCEPTED).*

Course #	Course Title	Units	Start Date	End Date

I authorize the Host Institution to send a copy of my academic transcripts to MPC after completion of the above classes.	
Student's Signature: _____	Date: _____

Host Registrar's Office:	Signature	Name	Title	Date

Host Financial Aid Office:	Signature	Name	Title	Date

MPC Counselors Office:	Signature	Name	Title	Date

MPC Financial Aid Office:	Signature	Name	Title	Date